



EMPLOYMENT APPLICATION

Lac Courte Oreilles Tribal Government

Personnel Department

13394 West Trepania Road Bldg 1

Hayward WI 548843

715-634-8934---Fax: 715-634-4797

Pride Of The Ojibwa

Position Applying For:			
Date you can start:		Desired Salary:	
Social Security Number:			
Do you meet the minimum age requirements?			
Name:	Last	First	Middle
Maiden			
Other names you are known by?			
Mailing Address:			
Permanent Address:			
Phone Numbers:	Home	Work	Other (Specify)
Tribal Affiliation:			
Federally Recognized Indian Tribe or	Yes	No	
First Nations Recognized Tribe	Yes	No	
Have you ever applied with this organization before?	Yes	No	
If Yes, where and when?			
Do you have any special skills and/or training?			
Education History			
	Name	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College and/or Technical			
Other (Specify)			
Other (Specify)			
Please provide names of three individuals not related to you, whom you have known for at least one (1) year:			
Name	Years known	Telephone	Business
Name	Years known	Telephone	Business
Name	Years known	Telephone	Business
Complete this transportation and vehicle information section only if applying for position that have transportation and vehicle information as requirements of the duties; see position description.			
transportation	Yes	No	
Valid Driver's License	Yes	No	DL #:
Vehicle Insurance	Yes	No	Company:
Served in the U.S. Military? This question is completely optional, you need not answer:			
If yes, Service and Rank:		Yes	No
Have you ever been convicted of a felony?			
If yes, where and when:		Yes	No

Employment history list chronologically starting with the most recent

Employer Name & Address:		Date Started	Date Ended
Telephone:	Position:		
Duties:	Salary:		
	Reason for leaving:		
Employer Name & Address:		Date Started	Date Ended
Telephone:	Position:		
Duties:	Salary:		
	Reason for leaving:		
Employer Name & Address:		Date Started	Date Ended
Telephone:	Position:		
Duties:	Salary:		
	Reason for leaving:		

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, falsifying statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein including references listed above to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period of time, regardless of the date of payment of my wages and salary, and I or the organization may terminate employment at any time without any prior notice.

Applicants Signature: _____ Date: _____

If hired, I agree to the following: (1) To work the number of hours per day/week required by the position. (2) To accept supervision and instruction from the assigned supervisor. (3) Inform my supervisor in advance, of any absence from work. (4) Not to expect pay for absent periods that exceed accumulated compensatory, vacation, or sick leave, if the program and position description allow this benefit. (5) Work on projects assigned, even if the projects may not conform to the position description. (6) All employment is At-Will; I or the organization may terminate employment at any time with or without prior notice; unless specifically stated otherwise in writing by the Tribal Governing Board.

Applicants Signature: _____ Date: _____

Attach all supportive documentation to this application and submit at the same time. It is the applicants sole responsibility to completely fill out this application and to complete an application for each position for which they wish to be considered. The personnel director nor the personnel committee shall be held responsible for incomplete information or applications that are not completed for each specific position. It is the sole responsibility of the applicant to ensure they have provided complete and accurate information to the personnel director and the personnel committee.

Applicants Signature: _____ Date: _____